AO 440 (Rev. 06/12) Summons in a Civil Action

United States District Court

for the

Eastern District of New York

Fullerton Kimball Medical & Surgical Center 2824 McKenna Drive New Lenox, IL 60451-2906)))		
Plaintiff(s) V.) Civil Action No.	25-cv-2260	
Infinity Medical Equipment Services 9 East 74th Street, 3rd FL New York, NY 10021)))		
)		

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) 9 East 74th Street, 3rd FL Infinity Medical Equipment Services New York, NY 10021

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

Aaron M. Arce Stark, Stark.Law LLC on behalf of Plaintiff Fullerton Kimball Medical & Surgical Center 1701 Rhode Island Avenue NW Washington, D.C. 20009

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

4/24/2025 Date:

BRENNA B. MAHONEY CLERK OF COURT

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (no	ame of individual and title, if an	ny)			
was rec	ceived by me on (date)		·			
	☐ I personally serve	ed the summons on the ind	ividual at (place)			
			on (date)	; or		
	☐ I left the summon	s at the individual's reside	ence or usual place of abode with (name)			
	on (date), a person of suitable age and discretion who resides there, and mailed a copy to the individual's last known address; or					
	☐ I served the summons on (name of individual) , who designated by law to accept service of process on behalf of (name of organization)					
	on (date)					
	☐ I returned the sum	nmons unexecuted because		;	or	
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	·	
	I declare under penal	lty of perjury that this info	ormation is true.			
Date:						
2		-	Server's signature			
		_	Printed name and title			
		_	Server's address			

Additional information regarding attempted service, etc: